

DIPE 307  
JUL 19 2004  
PATENT & TRADEMARKS

PATENT APPLICATION

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER			Attorney's Docket No: 2883-US	
Serial No. 09/887,855	Filing Date June 22, 2001	Examiner Rita Mitra	Group Art Unit 1653	
In Re Application of Dirk M. Anderson				
For LECTIN SS3939 DNA AND POLYPEPTIDES				
TO THE COMMISSIONER FOR PATENTS:				
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):				
<input type="checkbox"/> One month of original due date (\$110.00)				
<input type="checkbox"/> Two months of original due date (\$420.00)				
<input checked="" type="checkbox"/> Three months of original due date (\$950.00)				
<input type="checkbox"/> Four months of original due date (\$1,480.00)				
<input type="checkbox"/> Five months of original due date (\$2,010.00)				
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested:				
<input checked="" type="checkbox"/> is filed herewith.				
<input type="checkbox"/> has been filed.				
<input type="checkbox"/> The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.				
<input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required.				
<input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:				

CLAIMS AS AMENDED

(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	*20	Minus	**20 =	0	x \$18	= \$ 0.00
Indep. Claims	*3	Minus	***3 =	0	x \$86	= 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$290	= 0.00
Total Additional Fee for this Amendment						\$0.00

- \* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.


- ☐ The following other fees are incurred by the accompanying papers.  
☐ Other: \_\_\_\_\_

Please charge Deposit Account No. 09-0089 in the name of Amgen Inc. in the amount of \$950.00. A duplicate copy of this petition is attached.

- ☒ If an additional extension of time is required, please consider this a request therefore.  
☒ The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.

Please Send Future Correspondence To:

Immunex Corp./SAS  
Law Department  
1201 Amgen Court West  
Seattle, Washington 98119-3105  
(206) 265-7000

  
Suzanne A. Sprunger, Ph.D.  
Attorney for Applicant  
Registration No.: 41,323  
Phone: (206) 265-7071  
Date: July 15, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

July 15, 2004  
Date

Elizabet M. McCarty  
Signature